

SERFF Tracking Number:	UNKP-125988616	State:	Arkansas
First Filing Company:	Milwaukee Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-CA-0906-01-014		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Automobile		
Project Name/Number:	/AR-CA-0906-01-014		

Filing at a Glance

Companies: Milwaukee Casualty Insurance Company, Security National Insurance Company, Trinity Universal Insurance Company of Kansas

Product Name: Commercial Automobile	SERFF Tr Num: UNKP-125988616	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: AR-CA-0906-01-014	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Denise Freund, Tyrone Settlemier	Disposition Date: 01/15/2009
	Date Submitted: 01/14/2009	Disposition Status: Approved
Effective Date Requested (New): 06/01/2009		Effective Date (New): 06/01/2009
Effective Date Requested (Renewal): 06/01/2009		Effective Date (Renewal): 06/01/2009

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number: AR-CA-0906-01-014	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CL-2007-OPR07
Reference Title: Forms	Advisory Org. Circular: LI-CL-2008-129
Filing Status Changed: 01/15/2009	
State Status Changed: 01/15/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Filing to adopt ISO Forms.	

Company and Contact

SERFF Tracking Number: UNKP-125988616 State: Arkansas
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Company Tracking Number: AR-CA-0906-01-014
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: /AR-CA-0906-01-014

Filing Contact Information

Freund Denise, State Filings Analyst dfreund@amtrustgroup.com
12790 Merit Drive (800) 777-2249 [Phone]
Dallas, TX 75251 (214) 360-8060[FAX]

Filing Company Information

Milwaukee Casualty Insurance Company CoCode: 26662 State of Domicile: Wisconsin
12790 Merit Drive Group Code: 2538 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: AmTrust Financial State ID Number:
Group
(800) 777-2249 ext. 8194[Phone] FEIN Number: 39-1190263

Security National Insurance Company CoCode: 19879 State of Domicile: Texas
12790 Merit Drive Group Code: 2538 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: AmTrust Financial State ID Number:
Group
(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-6020448

Trinity Universal Insurance Company of Kansas CoCode: 15954 State of Domicile: Kansas
12790 Merit Drive Group Code: 2538 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: AmTrust Financial State ID Number:
Group
(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-1413993

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	01/14/2009	25025350
Security National Insurance Company	\$0.00	01/14/2009	

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<i>Company Tracking Number:</i>	<i>AR-CA-0906-01-014</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>/AR-CA-0906-01-014</i>		

Trinity Universal Insurance Company of Kansas	\$0.00	01/14/2009
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/15/2009	01/15/2009

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<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>/AR-CA-0906-01-014</i>		

Disposition

Disposition Date: 01/15/2009
Effective Date (New): 06/01/2009
Effective Date (Renewal): 06/01/2009
Status: Approved
Comment: Filing to adopt ISO Forms.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>Project Name/Number:</i>	<i>/AR-CA-0906-01-014</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes

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<i>Product Name:</i>	<i>Commercial Automobile</i>		
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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number:	/AR-CA-0906-01-014		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/15/2009
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Comments:

Attachments:

SERFF F777_03_07.pdf

SERFF F778_03_07.pdf

Satisfied -Name:	Company Cover Letter	Review Status:	Approved	01/15/2009
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Comments:

Attachment:

SERFF Letter_ISO_Forms.pdf

Property & Casualty Transmittal Document

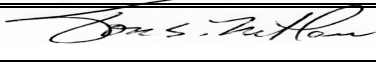
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
AmTrust Financial Group	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Security National Insurance Company	Texas	19879	75-6020448	
Trinity Universal Insurance Company of Kansas	Kansas	15954	75-1413993	
Milwaukee Casualty Insurance Company	Wisconsin	26662	39-1190263	

5. Company Tracking Number	AR-CA-0906-01-014
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jon Zetlau 12790 Merit Drive Dallas, TX 75251	Bureau/ Forms Compliance Manager	800/777-2249 ext 8034	214/360-8060	tsettlemer@amtrus tgroup.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Jon Zetlau		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Automobile
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Automobile
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 06/01/09 Renewal: 06/01/09

15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	CL-2007-OPR07
18. Company's Date of Filing	January 14, 2009
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	AR-CA-0906-01-014
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Filing to adopt ISO Forms.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-CA-0906-01-014		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		NA		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Calculation of Premium	IL 00 03 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 00 03 09 07	
02	Nuclear Energy Liability Exclusion	IL 00 21 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 00 21 07 02	
03	Arkansas Changes - Cancellation & Nonrenewal	IL 02 31 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 02 31 09 07	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



UBI

A Division of AmTrust North America

January 14, 2009

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Commercial Automobile – ISO Forms Revision
ISO References: CL-2007-OPR07
Security National Insurance Co. –NAIC #19879; FEIN #75-6020448
Trinity Universal Insurance Co. of Kansas – NAIC #15954; FEIN #75-1413993
Milwaukee Casualty Insurance Co. – NAIC #26662; FEIN #39-1190263
Company Filing Number: AR-CA-0906-01-014

Dear Sir:

For all policies effective on or after June 1, 2009, we wish to adopt the forms as presented in the above ISO References.

Forms as required by your Department are attached.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Tyrone Settlemier at (800) 777-2249 ext. 8034, tsettlemier@amtrustgroup.com, or by mail.

Sincerely,

Jon Zetlau
Bureau & Forms Compliance Manager